

## Health Department, City of Baltimore.

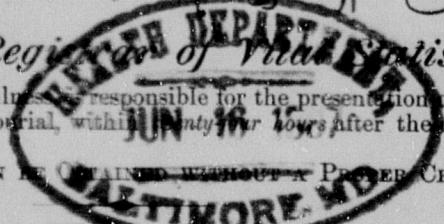
Permit No. A 401

Office of Registration of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~thirty~~ <sup>four</sup> hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

June 16<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Celia Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 25 Years

Years, —

Months, —

Days

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

House work

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Dolchester County. Md.

Duration of Residence in the City of Baltimore,

Twenty Years

Place of Death, { Give Street and Number. }

305 South Callege St.

Cause of Death, { First (Primary), Second (Immediate), }

Pulmonary Thisis

Asthenia

Duration of Last Sickness,

Eleven months

All the above information should be furnished by the Physician.

Place of Burial, St Patrickeberty

Date of Burial, June 17/87

{ Undertaker, C. B. Butler

John W. Rockel M. D.

Medical Attendant.

{ Place of Business, 132 N. Caroline

Address, 1312 Chew St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Health Department, City of Baltimore.

Permit No. A 402

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

June 15<sup>th</sup> 18

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eliza Whalen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 47 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Seamstress

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Ireland

25 yrs

Duration of Residence in the City of Baltimore,

25 yrs

Place of Death, { Give Street and Number. }

University Hospital

Cause of Death, { First (Primary),  
Second (Immediate), }

Bright's Disease - Uraemia

Exhaustion

Duration of Last Sickness,

One year

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, June 16/18

C. W. Mitchell

M. D.

{ Undertaker, E. F. Trausdell

Medical Attendant.

{ Place of Business, 703 Calvert Street, Address,

University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

## Board of Health, City of Baltimore, //

Permit No. A 403

JUN 16  
BUREAU OF VITAL STATISTICS

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. C

Date of Death, June 16, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm L. Johnson

Sex, Male or Female, { cross out the word not required in this line. } —

Age, Years, 2 Months, Days.

Color, esy

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, — Life

Place of Death, { Give street and number } 502 Moore's al.

Cause of Death, { First, (Primary.) chol. infantum  
Second, (Immediate.) Exhaustion

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17<sup>th</sup> 1887 Thomas E. Sears, M. D.

Medical Attendant.

Undertaker, Alex Hensley

Place of Business, 561 Orchard St. Address, 411 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

## Health Department, City of Baltimore.

Permit No. A 404 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

June 16<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Christian Kothe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, Months, Days.Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Travelling agent

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 18 yearsPlace of Death, { Give Street and Number. } W. Fayette St # 638Cause of Death, { First (Primary), Second (Immediate), } ApoplexyDuration of Last Sickness, Death sudden

All the above information should be furnished by the Physician.

Place of Burial, Columbus ParkDate of Burial, June 17<sup>th</sup>{ Undertaker, J. F. Brown }{ Place of Business, 901 Hollins St } Address,L. G. Sparrow M. D.

Medical Attendant

Coroner

## Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

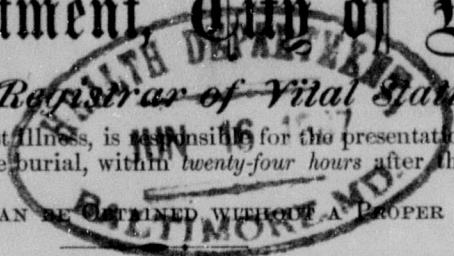
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 405 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



C

CERTIFICATE OF DEATH.

Date of Death, June 15 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William R. Thompson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 65 Years, not known Months, not known Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Worcester Co. Md.

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give Street and Number. } 103 King St

Cause of Death, { First (Primary), Pneumonia } { Second (Immediate), Pneumonia exhaustion }

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Marshall Cemetery

Date of Burial, June 17 1888 Frank Martin

M. D.

{ Undertaker, Marshall's Sons

Medical Attendant.

{ Place of Business, 40 Franklin St. Address, Mt. Zion Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

## Health Department City of Baltimore.

Permit No. **A 406** Office of Registration of Vital Statistics. Ward **7<sup>th</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**B**

## CERTIFICATE OF DEATH.

Date of Death, **January 16th 1887**Full Name of Deceased, **John Eckels** White legibly and spell correctly. If an Infant not named, give names of parents.Sex, Male or Female, **Male** Cross out the word not required in this line.Age, **25** Years, **—** Months, **2** Days.Color, **White**Married, Single, Widow or Widower, **Single** Cross out the words not required in this line.**Single** Occupation, **Engineer****Engineer** Birth Place, **Baltimore City** State or country, and how long in the United States, if of foreign birth.**Baltimore City** Duration of Residence in the City of Baltimore, **Since birth****Since birth** Place of Death, **900 Maryland** Give Street and Number.**900 Maryland** Cause of Death, **Acute Pneumonia** First (Primary),**Acute Pneumonia** **Asthma** Second (Immediate),**Asthma** Duration of Last Sickness, **Two (2) weeks****Two (2) weeks** 

All the above information should be furnished by the Physician.

Place of Burial, **Western Cemetery****Western Cemetery** Date of Burial, **January 17th****January 17th** { Undertaker, **Geo. Schilling****Geo. Schilling** 

Medical Attendant.

{ Place of Business, **Expert Carpenter****Expert Carpenter** 

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

## Health Department City of Baltimore.

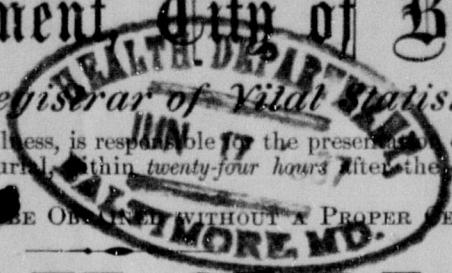
Permit No. A 407

Office of Registrar of Vital Statistics.

Ward 3 "

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 16 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Richardson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, Days.

Color, Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. } 1411 Ten Foot Alley

Cause of Death, { First (Primary), 1411 Ten Foot Alley  
Second (Immediate), Consul's

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, June 17 1887

{ Undertaker, W. W. Madden }

{ Place of Business, 76 East St. }

J. J. Gross

M. D.

Medical Attendant.

Address, 1425 Orleans

## Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

## Health Department City of Baltimore.

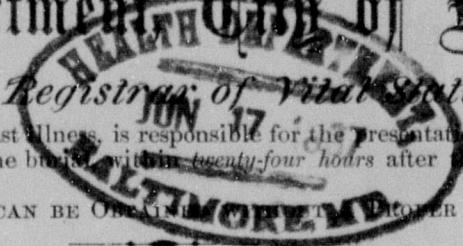
Permit No. A 408

Office of Registrar of Vital Statistics.

Ward 15<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A CORNER CERTIFICATE.



a

## CERTIFICATE OF DEATH.

Date of Death,

June 16. 1887.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sarah Green

Sex, Male or Female,

Cross out the word not  
required in this line.

Age,

Years,

5 Months,

Days.

Color,

Black -

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Baltimore

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give Street and Number.

17 Welcome Alley

Bronchial Catarrh -

Cause of Death,

First (Primary),  
Second (Immediate),

Sick from Birth.

All the above information should be furnished by the Physician.

Place of Burial,

Marl - Cemetery

Date of Burial,

June 17th 1887

Undertaker,

J. B. White

M. D.

Medical Attendant.

Place of Business,

H. S. Howard

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Health Department City of Baltimore.

Permit No. A 409

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

Date of Death, June 15<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Brewington.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 5 Months, 15 Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 214 Welcome Alley

Cause of Death, { First (Primary), Second (Immediate), } Liver and diaphragm exhaustion.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cemetery

Date of Burial, June 17 1887

{ Undertaker, Herald Mortg. &amp; Co. }

{ Place of Business, 409 Lombard St. }

Spencer H. Free M. D.  
Polyclinic

Medical Attendant.

Address, 412 Hanover St.

## Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

## Health Department, City of Baltimore.

Permit No. A 410

Office of Registrar of Vital Statistics.

Ward

3<sup>11</sup>

The Physician who attended any person in a last illness, is responsible for the compilation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 16<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mathew Staab

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 1 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, 1 Day

Place of Death, { Give Street and Number. } 204. S. Biddle

Cause of Death, { First (Primary), X X X  
Second (Immediate), Convulsions }

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Bedeesser

Date of Burial, June 17<sup>th</sup>

{ Undertaker, W. Dippel }

Prof. Morris

M. D.

Medical Attendant.

{ Place of Business, 330 S. Biddle Address, }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]